

Case Number:	CM14-0020553		
Date Assigned:	04/30/2014	Date of Injury:	11/30/2012
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who reported an injury on 11/30/2012. The mechanism of injury was a trip and fall. Per the clinical note dated 03/14/2013 the injured worker reported tripping over a cardboard box and falling onto her left knee, then onto her back hitting her head. The injured worker attended 6 physical therapy sessions for her neck and back as well as acupuncture treatment, which the injured worker reported was not helpful. Therapy ceased in 02/2013. The MRI of the right shoulder dated 08/29/2013 showed a soft tiss calcific density adjacent to the anterior aspect of the humeral head suggestive of tendonitis or bursitis, subdeltoid bursitis, tendonitis of the rotator cuff involving the supraspinatus tendon, a bone bruise of the glenoid, and bone cyst/erosions of the humeral head. Per the clinical note dated 09/12/2013 the injured worker reported neck pain of 6-8/10, low back pain at 5-7/10, numbness to bilateral lower extremities, left knee pain at 5-6/10, right shoulder pain at 9/10 and left thumb pain at 5/10. The injured worker was noted to have tenderness to the right shoulder, painful range of motion to the right shoulder, and tenderness to palpation along the spine. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 3 X WEEK FOR 6 WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Per the CA MTUS Guidelines active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The guidelines recommend one half of the total sessions to start with and assessment of improved functioning before continuing therapy. There is a lack of documentation regarding physical examination of the left knee and there were no imaging studies provided regarding the left knee; it did not appear the injured worker had significant objective functional deficits to the left knee. The guidelines recommend a total number of 8-10 visits total; therefore, a trial of 4-5 visits would be expected. Therefore, the request for 3 sessions per week for 6 weeks for the left knee, totaling 18 sessions is excessive and not medically necessary.